

Recognising Psychosexual Problems

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Aims

- Introduction
- How psychosexual problems develop
- Common Conditions encountered
- The psychosexual medicine approach IPMvs COSRT and other approaches
- Cases
- Summary

Introduction

- GP
- Sexual Health
- Institute of Psychosexual Medicine

How psychosexual problems develop

- Desire - including mental health.
- Physical Fitness - CVD, Neurological problems,
- Environment - temperament and emotional development
- Orgasm - "a state of undefended mutuality" Tom Main

To have a normal sexual response requires:

- arousal of feelings
- tolerance of stirring of unconscious feelings
- emotions emerging through breached defences
- letting go and losing control in an intimate setting
- wet and messy business!
- "a total disarray of the self"
- Not easy for those uncomfortable with showing emotion or those whose emotions feel dangerous or overwhelming.

What problems are we talking about?

- ?

What type of problems are we talking about?

- Dyspareunia
- Vaginismus
- Vulval pain/Vulvodynia
- Loss of libido/arousal/dislike of sexual contact
- Erectile dysfunction
- Premature ejaculation

Aren't they physical problems?

Yes

But what makes something physical?

Somatisation

- An emotional response to a stress that is converted into a physical symptom which symbolises the conflict
- A tendency to experience and communicate psychological distress in the form of somatic symptoms and seek medical help for them (Lipowski 1987)

Dyspareunia

- Defined as pain during sexual intercourse. It is important to define what is meant by this to the patient.
- Can be superficial or deep, occur at penetration, during sex (more deeply) and continue after sex.
- physical causes - these are important and need to be considered.
- Psychosexual therapy can be beneficial after only a few sessions.

Physical Causes of Dyspareunia.

Superficial

- **Vulval:** infection (candida albicans, HSV, gardenella, trichomonas), lichen sclerosus, lichen planus, atrophic vulvitis, chemical irritation/allergy, mass (e.g. Bartholin's abscess, neoplasm), vulvar vestibulitis
- **Vaginal:** vaginismus, lack of lubrication (e.g. inadequate arousal), post surgery/trauma, congenital abnormality
- **Urinary system:** interstitial cystitis, urethral caruncle

Deep

- Endometriosis / Adenomyosis
- Pelvic inflammatory disease (PID)
- Irritable bowel syndrome (IBS)
- Inflammatory bowel disease (IBD)
- Fixed retroverted uterus
- Pelvis mass

fastlearn!

Case 1: Could my injection make sex painful?

Dyspareunia in postmenopausal women

- Vaginal atrophy can often lead to pain during sexual intercourse.
- There are few reasons why not to prescribe topical oestrogen. It can be used indefinitely.
- There may well be a psychosexual cause to the pain also.

Case 2 - 54 yr old woman

Vaginismus

- An involuntary spasm of the pelvic floor muscles
- A symptom rather than a disease in itself. Or a sign during examination.
- Often as a result of an emotional event.
- There are many physical causes. Treating these doesn't necessarily end the problem.
- Guided self examination can be used.

Case 3

Vulvodynia

- A persistent pain in and around the vulva.
- Usually triggered by touch but often felt at other times
- Physical causes include recurrent thrush (patients often present with this) and previous herpes simplex infection.
- Psychological factors are also extremely relevant.

Case 4 - 31 year old woman with vulval pain.

Lack of libido

- Depression is often associated with lack of libido
- Can be hormonal but post-menopausal women can have a libido (often with HRT?) so you need something else as well.
- partner compatibility
- "The ultimate defence"

case 5

Erectile Dysfunction

- Obviously likely to have physical cause in over 55s, but often psychological element as well.
- Dyspareunia and vulval pain can lead to ED.
- Essential questions - masturbation, early morning erections. If they can get an erection and ejaculate its not a physical problem!
- Pornography.

Premature Ejaculation

- ?a type of ED
- Dapoxetine
- Often difficult to treat
- Pornography - and effect on ED also.

Case 6

The IPM Approach

- Psychosexual medicine is psychosomatic medicine applied to sexual disorders.
- The IPM offers brief therapy based on psychoanalytic skills.
- Use of feelings engendered by the consultation
- Interpretation of the doctor/patient relationship.

The psychosomatic examination

- Key to understanding the patients sexual problem.
- Seen by the IPM as an essential part of therapy.
- Psychosexual medicine can only be practiced by clinicians who examine as part of their every day work.

IPM vs other therapies

- Other forms of therapy are available.
- RELATE - relationship counselling.
- COSRT - college of sexual and relationship therapists.
- Tend to offer a more behavioural therapy without underlying analysis of root cause.

To Summarise

- Sex is a messy emotional business.
- Defences caused by many different emotions can cause physical symptoms. "psychosomatic"
- The doctor patient relationship is the key to unlocking the defences.
- When/where to refer
- This is important because...

Take-Home Messages

- Prescribe local oestrogen
- Ask about masturbation and use of pornography.
- Testosterone levels are not usually important
- Prescribe PD5 inhibitors – but not to under 50s!
- Referral to gynae not always the answer.

Referring

- Psychosexual service at Abacus centre for sexual health.
- Cheshire
- Warrington

Where can I learn more?

- Institute of psychosexual medicine,
- www.ipm.org.uk
- Annie.Farrell@nhs.net